

File Date: _____

Case No: _____

ATTACHMENT # _____

EXHIBIT _____

TAB (DESCRIPTION) _____

c. Absence of DVT

Images and report available in record and provided to carrier X

4. Status: have prescribed graduated compression stockings (20mmHg at the ankle, 40 mmHg at the knee). The patient has been instructed in their use. He has also been advised to avoid hot baths, to continue his exercise and weight loss program
5. Follow up appointment (30 days) 4/1/06

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ACTIVITIES OF DAILY LIVING

1. Are you employed? ☒ Yes ☐ No

If no, proceed to question 2

Occupation Excavator

Please estimate percent of time for each activity

20% Standing 60% Sitting 10% Crawling 10% Kneeling

Lifting:

< 10 lbs 20% > 10 lbs ☐ From waist height ☐ From floor ☐From waist to overhead ☐ From floor to overhead ☐ floor to waist 20%Push: < 10 lbs 80% > 10 Lbs ☐Pull: < 10 lbs 80% > 10lbs ☐Carry: < 10 lbs ☐ > 10lbs ☐ Frequency ☐ Distance ☐Bend: ☐ Twist ☐ Jump 10% (into truck)Use of heavy equipment: ☒ Yes ☐ No 100% timeUse of power tools: ☒ Yes ☐ No 100% timeEnvironment: ☐ Indoors ☒ Outside 100% timeDescribe climate conditions: Dry, strong sun, temp > 100°

2. Out of work activities

A. Do you drive? ☒ Yes ☐ NoHow often: ☒ Daily ☒ to/from work ☒ Personal errands50 mi/day DistanceB. Are you caring for children/elders/others? ☒ Yes ☐ No 30% time

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C. Do you engage in regular exercise? X Yes No

Describe activity: Company baseball team, hiking

3. Will the use of prescription analgesic (pain) medication alter your daily living (i.e. inability to drive, inability to use power tools or heavy equipment, altered ability to care for others)? I would be unable to drive, unable to perform essential job functions and it would compromise my ability to appropriately care for my children. I would be dropped from the baseball team
4. How have varicose veins altered your activities of daily living? Constant aching, ankles/feet swollen at the end of the day, cramping at night, frequently awakened from sleep, tired during the day due to interrupted sleep

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SECOND VISIT: **(To be completed by patient)** Date: 4/1/06

I. Symptomatic patient (check all that apply)

- a. Right leg X Left Leg _____
- b. Aching X cramping X burning pain X itching X awakened at night _____
- c. Patient instructed in avoidance of precipitating factors (i.e. hot baths)
X Yes _____ No
- d. Interference with activities of daily living (ADL) attached X Yes _____ No
- e. Swelling, especially after prolonged standing X
 Circumference left leg 16cm rt. Leg 18cm (at malleolus)

2. Conservative therapy

a. 3 -6 month trial

i. Graduated, elasticized compression stockings

1. Date first worn 3/1/06
2. Patient Compliance Worn during waking hours, except to shower
3. Patient difficulty with compliance Very uncomfortable and hot while working in temp > 100°
4. Patient instructions Continue to apply immediately upon arising. Wear during waking hours, except to shower; Avoid hot baths
5. Prescription (type of stocking i.e. Jobst, etc; mmHG) Jobst graduated stocking 20mmHg at ankle to 40mmhg at knee

ii. Mild exercise

1. Walking 1/2 to 1 mile/day
2. Leg elevation 20 min. q.i.d.
3. Weight reduction status Has lost 4 lbs

To be completed by MD:

iii. Medication prescribed:

1. OTC None - Hx GERD
2. Prescription (drug name) None-Pt operates heavy machinery and would be unable to work
3. No prescription (i.e. operates heavy machinery, drives, etc.) Pt must work to maintain health care coverage

3. Duplex studies (MD to complete)

a. Define anatomy, size, tortuosity:

- i. Greater and lesser Saphenous veins
- ii. Superficial venous segments
- iii. Perforators

b. Demonstrate venous reflux that correlates with patient's symptoms

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c. Absence of DVT

Images and report available in record and provided to carrier X

4. Status: Pt continues to have pain, aching, edema, night cramps. He has been compliant with all instructions. Will continue with conservative therapy
5. Follow up appointment (30 days) 5/1/06

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ACTIVITIES OF DAILY LIVING

1. Are you employed? ☒ Yes ☐ No

If no, proceed to question 2

Occupation Excavator

Please estimate percent of time for each activity

20% Standing 60% Sitting 10% Crawling 10% Kneeling

Lifting:

< 10 lbs 20% > 10 lbs ☐ From waist height ☐ From floor ☐From waist to overhead ☐ From floor to overhead ☐ floor to waist 20%Push: < 10 lbs 80% > 10 Lbs ☐Pull: < 10 lbs 80% > 10lbs ☐Carry: < 10 lbs ☐ > 10lbs ☐ Frequency ☐ Distance ☐Bend: ☐ Twist ☐ Jump 10% (into truck)Use of heavy equipment: ☒ Yes ☐ No 100% timeUse of power tools: ☒ Yes ☐ No 100% timeEnvironment: ☐ Indoors ☒ Outside 100% timeDescribe climate conditions: Dry, strong sun, temp > 100°

2. Out of work activities

A. Do you drive? ☒ Yes ☐ NoHow often: ☒ Daily ☒ to/from work ☒ Personal errands50 mi/day DistanceB. Are you caring for children/elders/others? ☒ Yes ☐ No 30% time

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C. Do you engage in regular exercise? ☒ Yes ☐ No ☐

Describe activity: Company baseball team, hiking

3. Will the use of prescription analgesic (pain) medication alter your daily living (i.e. inability to drive, inability to use power tools or heavy equipment, altered ability to care for others)? I would be unable to drive, unable to perform essential job functions and it would compromise my ability to appropriately care for my children. I would be dropped from the baseball team
4. How have varicose veins altered your activities of daily living? Constant aching, ankles/feet swollen at the end of the day, cramping at night, frequently awakened from sleep, tired during the day due to interrupted sleep

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THIRD VISIT: (To be completed by patient) Date: 5/1/06

I. Symptomatic patient (check all that apply)

- a. Right leg X Left Leg _____
- b. Aching X cramping X burning pain X itching X awakened at night _____
- c. Patient instructed in avoidance of precipitating factors (i.e. hot baths)
X Yes _____ No
- d. Interference with activities of daily living (ADL) attached X Yes _____ No
- e. Swelling, especially after prolonged standing X
 Circumference left leg 16cm rt. Leg 18cm (at malleolus)

2. Conservative therapy

a. 3 -6 month trial

i. Graduated, elasticized compression stockings

1. Date first worn 3/1/06
2. Patient Compliance: Worn during waking hours, except to shower
3. Patient difficulty with compliance Very uncomfortable and hot while working in temp > 100°
4. Patient instructions: Continue to apply immediately upon arising. Wear during waking hours, except to shower; Avoid hot baths
5. Prescription (type of stocking i.e. Jobst, etc; mmHG) Jobst graduated stocking 20mmHg at ankle to 40mmhg at knee

ii. Mild exercise

1. Walking 1/2 to 1 mile/day
2. Leg elevation 20 min. q.i.d.
3. Weight reduction status Has lost 6 lbs

To be completed by MD:

iii. Medication prescribed:

1. OTC None - Hx GERD
2. Prescription (drug name) None-Pt operates heavy machinery and would be unable to work
3. No prescription (i.e. operates heavy machinery, drives, etc.) Pt must work to maintain health care coverage

3. Duplex studies (MD to complete)

a. Define anatomy, size, tortuosity:

- i. Greater and lesser Saphenous veins
- ii. Superficial venous segments
- iii. Perforators

b. Demonstrate venous reflux that correlates with patient's symptoms

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c. Absence of DVT

Images and report available in record and provided to carrier X

4. Status: Pt continues to have pain, aching, edema, night cramps despite compliance. Will continue with conservative therapy
5. Follow up appointment (30 days) 6/1/06

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ACTIVITIES OF DAILY LIVING

1. Are you employed? ☒ Yes ☐ No

If no, proceed to question 2

Occupation Excavator

Please estimate percent of time for each activity

20% Standing 60% Sitting 10% Crawling 10% Kneeling

Lifting:

< 10 lbs 20% > 10 lbs ☐ From waist height ☐ From floor ☐From waist to overhead ☐ From floor to overhead ☐ floor to waist 20%Push: < 10 lbs 80% > 10 lbs ☐Pull: < 10 lbs 80% > 10 lbs ☐Carry: < 10 lbs ☐ > 10 lbs ☐ Frequency ☐ Distance ☐Bend: ☐ Twist ☐ Jump 10% (into truck)Use of heavy equipment: ☒ Yes ☐ No 100% timeUse of power tools: ☒ Yes ☐ No 100% timeEnvironment: ☐ Indoors ☒ Outside 100% timeDescribe climate conditions: Dry, strong sun, temp > 100°

2. Out of work activities

A. Do you drive? ☒ Yes ☐ NoHow often: ☒ Daily ☒ to/from work ☒ Personal errands50 mi/day DistanceB. Are you caring for children/elders/others? ☒ Yes ☐ No 30% time

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C. Do you engage in regular exercise? X Yes No

Describe activity: Company baseball team, hiking

3. Will the use of prescription analgesic (pain) medication alter your daily living (i.e. inability to drive, inability to use power tools or heavy equipment, altered ability to care for others)? I would be unable to drive, unable to perform essential job functions and it would compromise my ability to appropriately care for my children. I would be dropped from the baseball team
4. How have varicose veins altered your activities of daily living? Constant aching, ankles/feet swollen at the end of the day, cramping at night, frequently awakened from sleep, tired during the day due to interrupted sleep

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FOURTH VISIT: **(To be completed by patient)** Date: 6/1/06

1. Symptomatic patient (check all that apply)

- a. Right leg ☒ Left Leg ☐
- b. Aching ☒ cramping ☒ burning pain ☒ itching ☒ awakened at night
- c. Patient instructed in avoidance of precipitating factors (i.e. hot baths)
☒ Yes ☐ No
- d. Interference with activities of daily living (ADL) attached ☒ Yes ☐ No
- e. Swelling, especially after prolonged standing ☒
Circumference left leg 16cm rt. Leg 18cm (at malleolus)

2. Conservative therapy

a. 3 -6 month trial

i. Graduated, elasticized compression stockings

1. Date first worn 3/1/06
2. Patient Compliance: Worn during waking hours, except to shower
3. Patient difficulty with compliance Very uncomfortable and hot while working in temp > 100°
4. Patient instructions: Continue to apply immediately upon arising. Wear during waking hours, except to shower; Avoid hot baths
5. Prescription (type of stocking i.e. Jobst, etc; mmHG) Jobst graduated stocking 20mmHg at ankle to 40mmhg at knee

ii. Mild exercise

1. Walking 1/2 to 1 mile/day
2. Leg elevation 20 min. q4°
3. Weight reduction status Has lost 8 lbs

To be completed by MD:

iii. Medication prescribed:

1. OTC None - Hx GERD
2. Prescription (drug name) None-Pt operates heavy machinery and would be unable to work
3. No prescription (i.e. operates heavy machinery, drives, etc.) Pt must work to maintain health care coverage

3. Duplex studies (MD to complete)

a. Define anatomy, size, tortuosity:

- i. Greater and lesser Saphenous veins
- ii. Superficial venous segments
- iii. Perforators

b. Demonstrate venous reflux that correlates with patient's symptoms

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c. Absence of DVT

Images and report available in record and provided to carrier X

4. Status: Patient has complied with conservative therapy for more than 90 days without Relief. I do not believe continuation of this therapy will improve his condition.
5. Plan: I will request coverage and schedule endovenous laser treatment (EVLT[®]) of his right leg for (date).

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SUMMARY:

Mr. (____ name ____) was first seen by me on (____ date ____) with a chief complaint of leg pain with burning, itching, heaviness, fatigue and cramping that awakens him at night. He also complains of mild pitting edema after standing. Symptoms have been present for approximately (____ number of years ____). He did not seek treatment until March 1, 2006.

On physical exam, varicosities are visible (____ describe ____) at (____ location ____). Measurement of the right ankle is (____ cm ____), compared to the contralateral, unaffected leg which measures (____ cm ____). Duplex ultrasound scan of the right leg demonstrates _____.

Mr. (____ name ____) is now seeking relief from leg pain. He has found it increasingly more difficult to live with the pain. He works as an excavator. Most of his day is spent sitting, standing and crawling. He must operate heavy equipment. He has difficulty sleeping because the pain awakens him at night. He complains of day time fatigue (in addition to leg fatigue) associated with lack of sleep. He is fearful that he must remain 100% alert on the job. He has tried Tylenol for pain, without relief. He has a long history of GERD and therefore is not a candidate for NSAID therapy.

I have not given him a prescription analgesic. This would preclude driving, working and caring for his small children after work. Mr. (____ name ____) cannot afford to be out of work. Additionally, he purchases health care insurance from his company. If he is out of work for any length of time, coverage will be dropped and he will have to purchase it through COBRA. Estimated cost is \$800/month, while his income would also be diminished.

Assessment/provisional diagnosis: (____ reflux of right GSV at ____ , vein size ____ ,
perforators ____).

Plan: Mr. (____ name ____) has been treated conservatively with compression stockings, leg elevation and an exercise program for the past three months without relief. He has lost 10 lbs. He has been compliant with all treatment. He has difficulty wearing compression stockings on hot days and has more difficulty removing them at the end of the day when his legs are swollen. I do not anticipate that this course of treatment will alter the underlying etiology. I am concerned that further delay will only contribute to chronic venous insufficiency. He is unable to take NSAIDs or prescription analgesics. I would not encourage prolonged prescription analgesia to treat a condition that can be readily remedied. I have scheduled Mr. (____ name ____) for endovenous laser treatment (EVL[®]) on (____). My office has contacted his carrier (____ carrier name ____) for precertification.

Sincerely,

_____, MD

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SAMPLE PACKET

(BLANK FORMS ARE LOCATED ON WWW.DIOMEDMEDIA.COM)

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APPENDIX

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Policy List

COVERAGE POLICIES			
PAYOR	ALTERNATE NAME	PAYOR	ALTERNATE NAME
Aetna (National Policy)		Humana TriCare	
AmeriHealth		Intermountain Healthcare	
Anthem BC		Keystone	IBX
BCBS Association Recommendation		Medical Mutual of Ohio	
BCBS AK, WA	Premiera	M/Care AL (case by case)	Cahaba
BCBS AR, LA		M/Care AZ, CO, HA, IO, ND, SD, OR, WA, WY, NV, AK	Noridian
BCBS CA		M/Care CT	
BCBS CT		M/Care FL	Firstcoast
BCBS IL		M/Care GA	Cabaha
BCBS Iowa	Wellmark	M/Care Idaho	Cigna - Part B
BCBS MA		M/Care IL, WI, MI, MN	WPS
BCBS MD	CareFirst	M/Care MA, Maine, NH, VT	NHIC
BCBS MI		M/Care MS	Cahaba
BCBS MN		M/Care NY, NJ	Empire
BCBS MO (Eastern)	Wellmark	M/Care No. Carolina	Cigna - Part B
BCBS MT		M/Care OH, WV, SC	Palmetto
BCBS NM		M/Care PA	HGSA Admin.
BCBS NC		M/Care So. Carolina	
BCBS NY	Empire	M/Care TN	Cigna - Part B
BCBS PA	Highmark	Medical Mutual of Ohio	
BCBS So. Carolina	CareFirst, Companion	Mohawk Valley	
BCBS So. Dakota	Wellmark	Mutual of Ohio	
BCBS TX		North American Preferred	
BCBS Utah	Regence	Pacificare	
Cigna Health Care		Personal Care	Coventry
Empire Medical Services NY, NJ		Premiera	
Federated Mutual Insurance Company	Encompass Hth Mgt Sys	Rocky Mountain Health Care	
Group Benefits		Summit	
HealthLink MO, IL, KY, WV, AR, Iowa, IN		QualChoice AR	
HealthNet NE		Tufts New England	
Horizon BC		United Health Care	
Humana (National Recommendation)		I 199 Union	

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Frequently Asked Questions

The following is a list of questions designed to assist the reader in responding to questions regarding the EVLT® procedure:

Q: What does EVLT® stand for?

A: EndoVenous Laser Treatment.

Q: Does the EVLT® procedure have FDA clearance?

A: Yes. The FDA approved the EVLT® procedure on January 22, 2002.

Q: How does the EVLT® procedure actually work?

A: The saphenous vein or other "truncal" vein is heated, causing the vein to collapse and occlude, ablating the diseased vein so that the blood can no longer flow through it and is rerouted.

B: Tumescence Anesthesia provides anesthesia, compresses the vein and provides a 'heat sink' (pooling of fluid between the vein and subcutaneous tissue that absorbs any excess heat, thus protecting surrounding tissue)

Q: What is the advantage of EVLT® over other venous insufficiency procedures?

A: The EVLT® procedure has many benefits over other venous procedures:

Compared with Conservative Management

- It cures the problem rather than just slowing its progression.
- No unpleasant compression stockings needed after the first week.
- Possible cosmetic improvements in the appearance of the leg.

Compared with Surgical Stripping

- Much less trauma to the leg and fewer side effects.
- No operative scars.
- No general anesthesia.
- No hospital stay.
- Much quicker recovery with less post treatment discomfort.

Compared with Alternative Minimally Invasive Treatments

- For the greater saphenous vein success rates will be higher with EVLT®.
- Minor skin discolorations that are gone after 4 weeks.
- Greatly reduced risk of major complications.
- Reduced risk of minor complications, including pulmonary emboli.
- Efficient 45-minute procedure.
- Return to normal activities immediately.

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Q: Can EVLT® be performed in an Ambulatory Surgery Center (ASC)

A: EVLT® can be performed in the ASC. Many physician's choose to provide care in this setting. Many ASCs have a contractual payment agreement with third party payors. Because private payer policies vary, site of service (where the procedure will be performed - outpatient hospital, ambulatory surgery center, surgicenter, physician office) should be confirmed with the patient's payer prior to scheduling the procedure.

Q: How much should we charge for the EVLT® procedure?

A: We cannot advise on what to charge for your services, except to say that charges should be in-line with your other professional charges. The Medicare national average (unadjusted) payment is \$1,892.60 for 36478 and \$422.56 for 36479.

Q: The payer states the EVLT® procedure is investigational/experimental. How should I respond to them?

A: If the payer denies a claim or preauthorization request for EVLT®, citing the procedure as investigational/experimental, you should let them know that EVLT® received FDA approval on January 22, 2002, received a code effective January 1, 2005 and has been evaluated for payment by CMS, effective January 1, 2005. It can be anticipated that coverage will be provided for EVLT®. In the event a denial is not overturned, please contact the Diomed Director of Reimbursement (623-322-0803). The denial is probably an error and should be addressed immediately.

Q: How does the EVLT® procedure differ from the VNUS® Closure procedure?

A: The EVLT® and VNUS® Closure procedures are both minimally invasive treatment alternatives to traditional vein stripping surgery for venous reflux. However, the EVLT® procedure utilizes a laser fiber to heat the vein, causing it to collapse and seal, while the VNUS® Closure treatment utilizes catheter delivered radiofrequency to collapse and seal the vein.

Q: What should I do if the claim is denied?

A: You should begin by reviewing the EOB for an explanation or reason for the denial. If the EOB does not explain the reason for denial, you should contact the claims department listed on the EOB, and request an explanation. All insurance carriers and payers have an appeals process. Inquire into the process for appeal, including where and to whom the appeal should be sent. If further assistance is needed, contact your sales representative. If s/he cannot help, s/he will contact a reimbursement specialist for you. Denials are infrequent. When they do occur, it is usually the result of a misunderstanding (misinterpretation) by the carrier. It is important to appeal all denials so any misunderstanding/misinterpretation can be clarified and coverage obtained.

Q: When did the new codes for EVLT® become effective?

A: January 1, 2005

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Q: Can I use code 36479 by itself?

A: No. 36479 is an add-on code. It must be used with another primary code, such as 36478.

Q: How do we code if the patient has both legs done the same day?

A: The modifier '50' can be used to denote a bilateral procedure. When both legs are done at the same time, the physician is paid an additional 50% for the second leg (total 150%).

Q: Can I continue to bill for intra-operative radiology?

A: The EVLT® codes are inclusive of all imaging guidance and monitoring, therefore it is inappropriate to bill for radiology provided during the procedure.

Q: Can I continue to bill for pre procedure care?

A: Performing diagnostic work up to determine the presence/absence of venous reflux and determine a plan of care is reimbursable based on established evaluation and management codes.

Q: Can I continue to bill for post procedure care?

A: There are no global days attached to these codes. It is appropriate to bill for post procedure care.

Q: Can the hospital outpatient department charge for the second vein treated?

A: If two veins are ablated, the facility can bill twice, using the same APC and two codes.

Q: What should I do if I still have questions about the EVLT® procedure?

A: Please contact your sales representative. S/he is very knowledgeable. If s/he cannot help, s/he will contact a reimbursement specialist for you.

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Glossary Of Reimbursement Acronyms

A

AARP	American Association of Retired Persons
AHA	American Hospital Association
AHCPR	U.S. Agency for Health Care Policy and Research
ALOS	Average Length of Stay
AMA	American Medical Association
APC	Ambulatory Payment Classification
ASC	Ambulatory Surgery Center

B

BCBS	Blue Cross and Blue Shield
------	----------------------------

C

CMS	Centers for Medicare and Medicaid Services (formerly known as HCFA)
COB	Coordination-of-Benefit
COBRA	Consolidated Omnibus Budget Reconciliation Act
CPT	Current Procedural Terminology

D

DHHS	U.S. Department of Health and Human Services
DME	Durable Medical Equipment
DOS	Date of Service
DRG	Diagnosis Related Group
Dx	Diagnosis

E

EDI	Electronic Data Interchange
EOB	Explanation of Benefits
ERISA	Employee Retirement Income Security Act

F

FDA	Food and Drug Administration
FEHBP	Federal Employees Health Benefits Program
FFS	Fee-for-Service
FI	Fiscal Intermediary
FY	Fiscal Year

G

GPCI	Geographic Practice Cost Indices
------	----------------------------------

H

HCFA	Health Care Financing Administration (as of June, 2001 known as CMS)
HCPCS	HCFA Common Procedure Coding System
HIAA	Health Insurance Association of America
HMO	Health Maintenance Organization

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I

ICD-9-CM International Classification of Diseases, 9th Revision, Clinical Modification

MMCO Managed Care Organization
MFS Medicare Fee Schedule**N**Non-PAR Non-Participating
NOS Not Otherwise Specified**O**

OPPS Outpatient Prospective Payment System

PPAR Participating Physician
PCP Primary Care Physician
PHO Physician Hospital Organization
POS Point of Service Program
PPO Preferred Provider Organization
PPS Prospective Payment System
PRO Professional Review Organization**Q**

QA Quality Assurance

RRBRVS Resource Based Relative Value Scale
RVU Relative Value Unit**T**

TPA Third Party Administrator

UUB-92 Uniform Bill 1992
UCR Usual, Customary and Reasonable
UPIN Unique Physician Identifying Number
UR Utilization Review
URO Utilization Review Organization**V**

VA Veterans Administration

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Glossary Of Reimbursement Terms

A

Admission Review: An evaluation to determine the necessity of admission into a hospital resulting from a medical emergency. The evaluation takes place when the provider notifies the insurer via telephone of the admission. Once notified, the insurer determines if the condition warrants an inpatient admission or if the condition could be treated in another setting. The review is typically done shortly after an emergency admission.

Allowed Charges: Charges for services furnished by a health care provider, which qualify as covered expenses, paid in whole or in part by an insurer. Charges are subject to deductibles or coinsurance.

Ambulatory Patient Classification (APC): The basic unit of payment in the Medicare Prospective Payment System for outpatient visits or procedures will be the APC. Under the APC system, outpatient services and procedures are classified for purchases of payment (similar to DRGs).

Ambulatory Surgical Center (ASC): An organization which provides surgical services on an outpatient basis for patients who do not need to occupy an inpatient, acute care hospital bed.

Ancillary Services: Services other than hospital room and board, nursing and physician services.

Appeal: A process whereby the provider and/or beneficiary exercises the right to request a review of a determination to deny commercial insurance or Medicare coverage or payment for a service.

Approved Charge: The amount Medicare pays a physician based on the Medicare Fee Schedule or its transition rules.

Assignment: A decision by a health care provider made in advance of submitting a claim to an insurer to accept the allowed charge and subsequent payment as payment in full.

Automated Claim Review: Claim review and determination made using system logic (edits). Automated claim reviews never require the intervention of a human to make a claim determination.

Average Length of Stay (ALOS): The hospital establishes an average number of days stay for each type of admission. The number is derived from the simple formula: The total number of patient days divided by the total number of admissions and discharges for a determined period.

B

Balance Billing: Billing the beneficiary for any fee in excess of that allowed by the insurance carrier.

Beneficiary: A person eligible to receive benefits under a health care plan.

Benefit: The amount payable by the third-party payer to a claimant, assignee, or beneficiary.

Blue Cross: Nonprofit, community service organizations, traditionally providing only hospital health care services to their subscribers. May also serve as the Fiscal Intermediary for the Medicare Program.

Blue Shield: Nonprofit voluntary organization, which traditionally provides subscribers with coverage for expenses (other than hospital costs). May also serve as Carrier for the Medicare program.

Bundling: A single code or payment for a group of related services or surgeries and principal procedures when performed together. For an example of bundling, see Global Surgery Policy.

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C

Capitation: A reimbursement system whereby a monthly payment is made to providers based on membership rather than services provided. The payment covers contracted services and is paid in advance of care provided. Capitation is expressed as a "per member per month" amount.

Carrier: A commercial insurance company that writes and administers health insurance policies and pays claims. Also under Medicare, a private contractor who administers claims for Part B Medicare services.

Case Management: A process whereby covered persons with specific health care needs are identified and a plan which efficiently utilizes health care resources is formulated and implemented to achieve the optimum patient outcome in the most cost effective manner.

Centers for Medicare and Medicaid Services (CMS): The U.S. government agency with responsibility for the administration of the Medicare and Medicaid programs. Prior to June 14, 2001, this agency was known as the Health Care Financing Administration (HCFA)

CHAMPUS (TRICARE): The Civilian Health and Medical Program of the Uniformed Services (formerly known as CHAMPUS). A federally funded comprehensive health benefits program administered by the Department of Defense designed to provide health care benefits to eligible veterans and their dependents.

Claim: A demand to an insurer, by the insured person or provider acting on behalf of the insured, for payment of benefits under a policy.

Cost Report: The report required from providers on an annual basis in order to make a proper determination of amounts payable under the Medicare program.

Coding: A mechanism for identifying and defining medical services using a standardized listing of alphanumeric codes.

Co-insurance/Co-payment: Terms are synonymous. Both refer to a type of cost-sharing where the beneficiary of the health insurance plan is responsible for a specified percentage of health care service costs and/or is responsible for a specified amount per unit of service. For example, a Medicare beneficiary is responsible for a 20% co-payment for Part B services. An example under a private insurance plan is a \$10 co-payment for outpatient prescription drugs.

Commercial Insurers: A private insurance company (excludes BC/BS plans and government programs) that provides health care coverage to subscribers.

Consolidated Omnibus Budget Reconciliation Act (COBRA): A federal law that allows and requires past employees to be covered under company health insurance plans for a set premium. This program gives individuals the opportunity to remain insured when their current plan or position has been terminated.

Coordination of Benefits (COB): A provision in an insurance plan wherein a person covered under more than one group plan, has benefits coordinated such that all payments are limited to 100% of the actual charge or allowance. Most plans also specify rules whereby one insurer is considered primary and the other is considered secondary.

Co-payment: A cost-sharing arrangement in which a plan member pays a specified charge for a specified service, such as \$10 for an office visit.

Coverage: A term used to describe the potential payment status of a product or health service for which an insurer may provide payment.

Covered Expenses: Hospital, medical and other types of healthcare expenses incurred by the insured or beneficiary entitling him or her to a payment of benefits under a health insurance policy.

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